

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

22651 U.S. PTO

COMMISSIONER FOR PATENTS  
Mail Stop Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450

PATENT APPLICATION  
Date: March 2, 2004  
File No. 1641.68709

22857 U.S. PTO  
10/791422


030204

Sir:

Transmitted herewith for filing is the patent application of

**Inventor(s):** Gregory Rittmeyer

*I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.*

March 2, 2004  
Date

*Dail Gann*  
Express Mail Label No.: EL846178681US

For: **METHOD FOR WINDING A STATOR OF MULTI-PHASE MOTORS**

Enclosed are:

- (X) 13 pages of specification, including 13 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- ( ) an unexecuted oath or declaration, with power of attorney.
- ( ) \_\_\_ sheet(s) of informal drawing(s).
- (X) 11 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to PacSci Motion Control, Inc. and Assignment Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- (X) Information Disclosure Statement, Form PTO-1449.
- ( ) Claim for Priority and Priority Document.

### Fee Calculation For Claims As Filed

a) Basic Fee				\$ 770.00
b) Independent Claims	<u>  2  </u>	-	3 = <u>  0  </u>	x \$ 86.00 = \$ <u>  0.00  </u>
c) Total Claims	<u>  13  </u>	-	20 = <u>  0  </u>	x \$ 18.00 = \$ <u>  0.00  </u>
d) Fee for Multiple Dependent Claims				\$ 290.00 = \$ <u>  0.00  </u>
			Total Filing Fee	\$ 770.00

- ( ) Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$\_\_\_\_\_
- (X) A check in the amount of \$ 770.00 to cover the filing fee is enclosed.
- ( ) Charge \$\_\_\_\_\_ to Deposit Account No. 07-2069.
- ( ) Other \_\_\_\_\_.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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